

South Carolina Department of Social Services  
**ENDANGERED RUNAWAY CHECKLIST FOR CASE MANAGERS**

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

1. What is/has been the relationship between the child and the parent(s)? (Amicable/adversarial)

\_\_\_\_\_

2. Does the child have any drug/alcohol problems or other problems or dependencies? If yes, specify.

\_\_\_\_\_

3. Does the child have any noticeable physical or mental abnormalities? If yes, specify.

\_\_\_\_\_

4. Have there been any problems/tensions recently in the home or at school that may have motivated the child to leave?  
(i.e., divorce, abuse, violence, illnesses, poor grades, etc.)

\_\_\_\_\_

5. Has the child ever left or been reported missing previously? If yes, when? Where did he/she go?

\_\_\_\_\_

6. Has the child ever expressed interest in living in another geographical area? If yes, where?

\_\_\_\_\_

7. What type of skills, hobbies, or general interest does the child have? (i.e., computers, crafts, car repairs, sports, video arcades, etc.)

\_\_\_\_\_

\_\_\_\_\_

8. Was the child ever employed? If yes, where and in what capacity?

\_\_\_\_\_

9. Would the child go to another member of the family or a friend? If yes, please provide name(s) and address(es).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD BIO INFORMATION FORM**  
**\*Please complete and return this form promptly.\***

Dear Parent/Guardian:

Following is a form requesting a physical description of your missing child as well as current information about you and the investigator handling your child's case. Please complete this form with descriptive information, as it should appear on the child's poster in the event that one is prepared for your child's case. **Completion of this form is an essential component in the creation of a poster for your child.** Upon receipt of this completed form, we will compare your information (where applicable) with the information entered by the investigating agency about your child into the National Crime Information Computer (NCIC). We will notify you of any discrepancies and you will be responsible for contacting the investigative agency so that appropriate changes can be made in the NCIC computer. If you wish to comment with any additional descriptive information, please write your comments on the back of this report. Please return this form in the enclosed return envelope. If you have any additional questions, please do not hesitate to call our toll-free hotline, 1-800-843-5678.

**DESCRIPTIVE INFORMATION ABOUT YOUR CHILD**

Full Name of Child: \_\_\_\_\_

Nicknames: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Missing: \_\_\_\_\_ Age at Disappearance: \_\_\_\_\_

Missing From City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Sex: ☐ Female ☐ Male Height: \_\_\_\_\_ Feet, \_\_\_\_\_ Inches Weight: \_\_\_\_\_ Pounds  
\_\_\_\_\_ Centimeters \_\_\_\_\_ Kilograms

Race: ☐ American Indian  
☐ Asian  
☐ Biracial  
☐ Black  
☐ Black/Hispanic  
☐ White  
☐ White/Hispanic

Hair: ☐ Bald  
☐ Black  
☐ Blonde  
☐ Brown  
☐ Grey  
☐ Light Brown  
☐ Red  
☐ Sandy  
☐ White  
☐ Other:

Eyes: ☐ Black  
☐ Blue  
☐ Brown  
☐ Green  
☐ Grey  
☐ Hazel  
☐ Pink  
☐ Unknown

Special Identifiers: (i.e. scars/marks/tattoos/piercing) \_\_\_\_\_

Please confirm the following information about how to reach you and your investigating officer:

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Pager/Mobile: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Direct Telephone: \_\_\_\_\_ 24-hour Telephone: (For poster) \_\_\_\_\_ Fax: \_\_\_\_\_

The above information is accurate to the best of my knowledge.

Completed By: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_

## INFORMATION RELEASE AND VERIFICATION FORM

The undersigned\* parent/guardian of \_\_\_\_\_ hereby requests that information pertinent to the disappearance of the above named child and deemed appropriate for release by the law enforcement agency responsible for the investigation of said disappearance be published and/or circulated by any method subscribed to by the National Center for Missing and Exploited Children, Alexandria, VA, including the use of photographs. I understand this information will be made available to the public, media, other law enforcement agencies, hospital, social service agencies, shelters, medical examiners, and/or other agencies or organizations involved with missing persons. I understand that the National Center may also use this information and photographs for age-enhancement when deemed appropriate. I understand and agree that any or all information supplied by me shall be truthful and I agree to hold harmless any agency or department using, transmitting, or distributing this information for any errors or omission or commissions occasioned by misinformation I may supply. I further agree that a photostatic or facsimile copy of this authorization shall have the same effect as the original.

*\* May be signed by police officer when parent/guardian signature is not available or appropriate*

**PLEASE SIGN IN BLACK INK**  
**(Only one signature is required.)**

(Please Print)

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**- OR -**

(Please Print)

Investigator Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print Full Name)

Missing Child/Children: \_\_\_\_\_  
Last First Middle